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BIBDATASHEET

CONFIRMATION NO. 3301

Bib Data Sheet

SERIAL NUMBER 09/393,795	FILING DATE 09/10/1999 RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. CMCC693P2A								
<p>APPLICANTS <i>Jeng-Shin Lee, Lincoln, MA;</i> <i>AAZ</i> <i>11/12/04</i></p> <p>JOHN T. GRAY, WEST ROXBURY, MA;</p> <p>RICHARD MULLIGAN, LINCOLN, MA;</p> <p>** CONTINUING DATA ***** <i>OK AAZ</i></p> <p>This appln claims benefit of 60/100,063 09/12/1998 and claims benefit of 60/100,022 09/11/1998</p> <p>** FOREIGN APPLICATIONS ***** <i>OK AAZ</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY** ** 09/29/1999</p> <table border="1"> <tr> <td>Foreign Priority claimed 35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td> <td>STATE OR COUNTRY MA</td> <td>SHEETS DRAWING 29</td> <td>TOTAL CLAIMS 49</td> <td>INDEPENDENT CLAIMS 17</td> </tr> </table> <p>Verified and Acknowledged <i>AAZ</i> Examiner's Signature Initials</p> <p>ADDRESS 21005 HAMILTON, BROOK, SMITH & REYNOLDS, P.C. 530 VIRGINIA ROAD P.O. BOX 9133 CONCORD, MA 01742-9133</p> <p>TITLE PACKAGING CELL LINES</p> <table border="1"> <tr> <td>FILING FEE RECEIVED 1252</td> <td> <p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees (Filing)</p> <p><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</p> <p><input type="checkbox"/> 1.18 Fees (Issue)</p> <p><input type="checkbox"/> Other _____</p> </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 29	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 17	FILING FEE RECEIVED 1252	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees (Filing)</p> <p><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</p> <p><input type="checkbox"/> 1.18 Fees (Issue)</p> <p><input type="checkbox"/> Other _____</p>
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**** CONTINUING DATA *******
This appln claims benefit of 60/100,063 09/12/1998
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**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
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Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u>				

ADDRESS
21005

TITLE
PACKAGING CELL LINES

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